



Work Order Bid (ID)

WORK TO BE PERFORMED IN ACCORDANCE WITH 2011
TENNESSEE WEATHERIZATION FIELD GUIDE and ANY
LOCAL CODES. QUESTIONS SHOULD BE DIRECTED TO
EAST TENNESSEE RESOURCE AGENCY -
WEATHERIZATION DEPT.

WORK ORDER INFORMATION

Work Order Name: WO/60006EA7142/1

Work Order Type: Weatherization

Audit Name: 60006EA7142

CLIENT INFORMATION

Client ID: 60006EA7142

AGENCY INFORMATION

Agency: East Tennessee Human Resource Agency

Address: 9111 Cross Park Drive, Suite D100
Knoxville, TN 37923

Agency Contact: Alexander, Randy

Agency Phone: (865) 691-2551

Fax: (865) 531-7216

Email Address:

Work Phone:

Cell Phone: (865) 705-8545

Email Address: Ralexander@ethra.org

Company Name & License Number: _____

Contractor's Signature: _____

COMMENT

Pre: 1580
Post: 1300
Year built: 2000
Type of structure: site built
Approx. SF: 875

Measures

Measure 1 Infiltration Redctn				Components				Inspected	
Comment Pre: 1580 Post 1300 1) Seal plumbing under bathroom sink: total of 3 pipes: approx. 1LF of clear caulk. 2) Clear caulk interior door frames @ D1 & D2 (34 LF) 3) Vacuum and Mastic 7 Supply duct boots and 1 Return 4) Replace 8 Ln. Ft. of 6" supply duct line @ Kitchen with Flex Duct 5) Trunk line has several holes. Patch trunk, supply and return lines (20 Ln. Ft.)								<input type="checkbox"/>	
#	Material / Labor	Description / Comment	Units	Estimated		Actual			
				Qty	Unit Cost	Total	Qty	Unit Cost	Total
10	Miscellaneous Su	Infiltration Reduction	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Detail									
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Measure Sub Total:						<input type="text"/>	Sub Total: <input type="text"/>		
Field Notes: 									

Measure 2 DWH Tank Insulation				Components				Inspected	
Comment								<input type="checkbox"/>	
#	Material / Labor	Description / Comment	Units	Estimated		Actual			
				Qty	Unit Cost	Total	Qty	Unit Cost	Total
1	Hot Water Equipm	DHW Tank Insulation	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	DHW Tank Insulation	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Detail									
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Measure Sub Total:						<input type="text"/>	Sub Total: <input type="text"/>		
Field Notes: 									

Measure 3 DWH Pipe Insulation**Components****Inspected****Comment** 6 Ln. Ft. @ Each Hot and Cold Water Line☐

#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
1	Insulation	DHW Pipe Insulation	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	DHW Pipe Insulation	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Detail

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Measure Sub Total:**Sub Total:****Field Notes:****Measure 4 Floor Ins. R-19****Components F1****Inspected****Comment** Additional cost: Remove current R-11 fiberglass batts which are falling down and in poor condition. Install R-19 fiberglass batts. Note: Floor joists are open truss type: on 24" OC.☐

#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
1	Insulation	Floor Insulation - Fiberglass Batts - R-19	SqFt	875	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	Floor Insulation - Fiberglass Batts - R-19	SqFt	875	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	Miscellaneous Su	Added Misc Cost	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Detail

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Measure Sub Total:**Sub Total:****Field Notes:**

Measure 5 Attic Ins. R-38**Components A1****Inspected**

Comment Additional Cost is to add Attic Access (22"x 30" or 660 Sq. In.) Install energy cap, insulate lid to R30, and install 2 latches for air seal.

☐

#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
1	Insulation	Attic Insulation - Blown Cellulose - R-38	SqFt	875	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	Attic Insulation - Blown Cellulose - R-38	SqFt	875	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	Miscellaneous Su	Added Misc Cost	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Detail

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Measure Sub Total: **Sub Total:** **Field Notes:****Measure 6 Furnace Tuneup****Components****Inspected**

Comment Owner states that she uses portable electric heaters to heat her home, since the gas pac is not working.

SN: IR6301ADAAF499911273

Owner states that heating system has been broken and out of service for the last 2 years.

Recommend servicing HVAC gas pac and / or replacement of unit if unable to repair.

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#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
1	Heating Equipmen	Furnace Tuneup	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	Furnace Tuneup	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Detail

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Measure Sub Total: **Sub Total:** **Field Notes:**

Measure 7 Refrigerator Rplcmnt**Components****Inspected****Comment** 18 C. F. Energy Star☐

#	Material / Labor	Description / Comment	Units	Estimated			Actual		
				Qty	Unit Cost	Total	Qty	Unit Cost	Total
10	Refrigerators	Energy Star - Any	Each	1					

Other Detail

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Measure Sub Total:**Sub Total:****Field Notes:****Measure 8 CO Monitor is Needed****Components****Inspected****Comment** Install CO detector in hallway close to bedrooms.☐

#	Material / Labor	Description / Comment	Units	Estimated			Actual		
				Qty	Unit Cost	Total	Qty	Unit Cost	Total
1	Health and Safety	CO monitor	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	Labor	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Detail

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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Measure Sub Total:**Sub Total:****Field Notes:**

Measure 9 Fix Improper Venting (Clothes Dryer)**Components****Inspected****Comment** 3 Ft Flex + 8 Ft. Stiff Duct with Damper to Exterior☐

#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
1	Health and Safety	Equipment	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	Labor	Hour	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Detail

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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Measure Sub Total:**Sub Total:****Field Notes:****Measure 10 PressureRelief Piping Needed****Components****Inspected****Comment**☐

#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
1	Health and Safety	Pressure relief piping	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	Labor	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Detail

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Measure Sub Total:**Sub Total:****Field Notes:****Work Order Grand Total:****Grand Total:**